

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000045398

1. Entity Name  
DEMPS ENTERPRISES LLC



Principal Place of Business  
3371 GOLDEN RAIN DRIVE  
TALLAHASSEE, FL 32303

Mailing Address  
3371 GOLDEN RAIN DRIVE  
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05182007

Chg-LLC

CR2E083 (12/06)

4. FEI

41-2205619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMPS, HARRY L  
3921 GAFFNEY LOOP  
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Harry L. Demps*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/23/07

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DEMPS, HARRY LAMAR  
3371 GOLDEN RAIN DRIVE  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200103734372  
06/01/07--01055--002 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DEMPS, RHUSHLI C  
3371 GOLDEN RAIN DRIVE  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*Harry L. Demps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/23/07

Date

528-5840

Daytime Phone #